



I request my pension be paid in accordance with Option C as provided in Section 12, subsection 2 of Chapter 32.

I UNDERSTAND BY CHOOSING THIS OPTION, I WILL RECEIVE A REDUCED RETIREMENT ALLOWANCE FOR LIFE. I ALSO UNDERSTAND THAT MY NAMED BENEFICIARY WILL RECEIVE TWO-THIRDS OF MY RETIREMENT ALLOWANCE UPON MY DEATH FOR HIS OR HER LIFETIME, AND I UNDERSTAND SHOULD THE NAMED BENEFICIARY PRE-DECEASE ME, MY ALLOWANCE WILL REVERT TO OPTION A. AN ELIGIBLE BENEFICIARY MAY BE A SPOUSE, FORMER SPOUSE (unmarried at date of retirement), CHILD, FATHER, MOTHER, BROTHER, OR SISTER.

BENEFICIARY INFORMATION (MUST BE COMPLETED)

Name:	
Date of Birth:	
SS#:	
Relationship to member:	
Gender:	

PLEASE INCLUDE A COPY OF BIRTH CERTIFICATE OF BENEFICIARY AND A COPY OF MARRIAGE CERTIFICATE, IF SPOUSE.

MEMBER INFORMATION

(Print Name)

(Social Security Number)

(Signature)

(Date)

SIGNATURE OF WITNESS—THIS OPTION FORM MUST BE WITNESSED.

IF THE MEMBER IS MARRIED, THE WITNESS MUST BE THE SPOUSE.

By witnessing this form, I acknowledge that I have read and understand the provisions of this Option:

(Print Name)

(Address/City/Town/State/Zip)

(Signature)

(Date)